

☐ Residential Licensing Application
 ☐ LCPA Licensing Application
 ☐ Employment
 ☐ Volunteer/ Intern
 ☐ Contractor

## INFORMATION CONCERNING BACKGROUND CHECKS FOR LCPA/RESIDENTIAL LICENSING/EMPLOYEES/VOLUNTEERS/CONTRACTORS

*This page is to be presented by Agency to the employee/volunteer*

I understand that the Department of Child Services (DCS) requires a background check to be conducted on the applicant prior to the issuance of a LCPA or Residential license, managers and directors of facilities where children will be placed, each DCS contractor and the employees and volunteers of these agencies that will have direct contact on a regular and continuing basis with children supervised by the Agency. For that reason, I am providing information about myself. I understand that this information will be used only for this purpose and will not be disclosed to anyone except as necessary for the completion of these procedures. The checks will include the following sources:

- 1) Limited criminal history data maintained in the records of the Indiana State Police.
- 2) Juvenile history data maintained in the records of the Indiana State Police that has not been sealed under Indiana law.
- 3) A national fingerprint-based criminal history background check through the FBI.
- 4) A check of child protection services records maintained by the department, any county office, or any agency in another jurisdiction where I have resided, regarding any substantiated finding of child abuse or neglect.
- 5) A check of the sex and violent offender registry for Indiana or any other state.
- 6) A check of local police and sheriff records.

I must be fingerprinted at an Indiana State Police post. \_\_\_\_\_

initials

I must present valid identification and complete all required information on the fingerprint card (see sample below). I must return all completed fingerprint cards and forms to my employer or volunteer agency. \_\_\_\_\_

Initials

To receive a copy of a substantiated CPS investigation, I must make a written request to the local DCS office where the report was substantiated. \_\_\_\_\_

initials

### SAMPLE FINGERPRINT CARD (top half)

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		FBI		LEAVE BLANK	
				LAST NAME FIRST NAME MIDDLE NAME					
				SMITH JOHN JAMES					
SIGNATURE OF PERSON FINGERPRINTED		ALIASES		OR I		IN920430Z		DATE OF BIRTH	
John Smith		AKA		DEPT CHILD SRVCS		INDIANAPOLIS, IN		DOB	
RESIDENCE OF PERSON FINGERPRINTED				CITIZENSHIP		SEX		RACE	
123 MAIN ST.				CTZ		M		C	
ANYTOWN, INDIANA 46000				YOUR NO.		HGT		WEIG	
8-1-05				QCA		5'11"		180	
DATE				FBI NO.		EYES		HAIR	
Officer Jones				FBI		BRO		BRO	
EMPLOYER AND ADDRESS				ARMED FORCES NO.		MNU		PLACE OF BIRTH	
				SOCIAL SECURITY NO.		310 - 50 - 1234		POB	
REASON FINGERPRINTED				MISCELLANEOUS NO.		MNU		ANYTOWN, IN	
EMERGENCY PLACEMENT				BLUE COUNTY		CLASS		REF	

**National Criminal or Juvenile History Appeals:** The subject of a record may initiate a challenge as to the accuracy/completeness of any entry on his/her record. For Indiana entries on the report, challenges should be directed to the Indiana State Police, Records Division, Indiana Government Center North, Room N302, 100 North Senate Ave., Indianapolis, IN 46204. For federal entries on the report, challenges should be directed to: FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. **All Other Criminal/Civil History Appeals:** The local DCS office will provide contact information for the appropriate agency.